

<p><i>Effective on 12/06/2004</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/511,965-Conf. #1949</td> </tr> <tr> <td>Filing Date</td> <td>January 5, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Jerzy Wojciech Chojnacki</td> </tr> <tr> <td>Examiner Name</td> <td>F. Francis</td> </tr> <tr> <td>Art Unit</td> <td>3725</td> </tr> <tr> <td>Attorney Docket No.</td> <td>02635/0202033-USO</td> </tr> </table>		Application Number	10/511,965-Conf. #1949	Filing Date	January 5, 2005	First Named Inventor	Jerzy Wojciech Chojnacki	Examiner Name	F. Francis	Art Unit	3725	Attorney Docket No.	02635/0202033-USO
Application Number	10/511,965-Conf. #1949														
Filing Date	January 5, 2005														
First Named Inventor	Jerzy Wojciech Chojnacki														
Examiner Name	F. Francis														
Art Unit	3725														
Attorney Docket No.	02635/0202033-USO														
<p>TOTAL AMOUNT OF PAYMENT (\$) 1,110.00</p>															

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-0100</u>	Deposit Account Name: <u>Darby & Darby P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity
							Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							52 26
Each independent claim over 3 (including Reissues)							220 110
Multiple dependent claims							390 195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
10		- 20 or HP	0	x 52.00 =		0.00	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		- 3 or HP	0	x 220.00 =		0.00	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	- 100 =	/50 = _____		(round up to a whole number) x	= _____		
4. OTHER FEE(S)							
Non-English Specification: \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge): 1253 Extension for response within third month				1,110.00			

SUBMITTED BY			
Signature	Registration No.	25,351	Telephone (212) 527-7700
Name (Print/Type) <u>S. Peter Ludwig</u>	(Attorney/Agent)		Date November 3, 2008